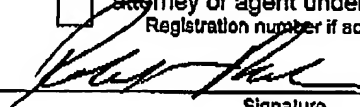


PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                                                                                                                                       |            |                                                  |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------|--------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>                                                             |            | Docket Number (Optional)<br><b>GKNG 1181 PUS</b> |                          |
| Application Number <b>10/714,058</b>                                                                                                                                                                                                  |            | Filed November 14, 2003                          |                          |
| For <b>COUNTER TRACK JOINT WITH CONTROL ANGLE REVERSAL</b>                                                                                                                                                                            |            |                                                  |                          |
| Art Unit <b>3679</b>                                                                                                                                                                                                                  |            | Examiner <b>GREGORY JOHN BINDA</b>               |                          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                |            |                                                  |                          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                       |            |                                                  |                          |
|                                                                                                                                                                                                                                       | <u>Fee</u> | <u>Small Entity Fee</u>                          |                          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                | \$120      | \$60                                             | \$ _____                 |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                    | \$450      | \$225                                            | \$ <u>450.00</u>         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                             | \$1020     | \$510                                            | \$ _____                 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                              | \$1590     | \$795                                            | \$ _____                 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                              | \$2160     | \$1080                                           | \$ _____                 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                       |            |                                                  |                          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                |            | 07/19/2005 TL0111                                | 00000022 500476 10714058 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                           |            | 01 FC:1252                                       | 450.00 DA                |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                 |            |                                                  |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0476</u> . I have enclosed a duplicate copy of this sheet. |            |                                                  |                          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                               |            |                                                  |                          |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                 |            |                                                  |                          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                                                                     |            |                                                  |                          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,783</u>                                                                                                                                    |            |                                                  |                          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____                                                                                                                   |            |                                                  |                          |
| <br>Signature                                                                                                                                      |            | JULY 18, 2005<br>Date                            |                          |
| ROBERT P. RENKE<br>Typed or printed name                                                                                                                                                                                              |            | 248-223-9500<br>Telephone Number                 |                          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |            |                                                  |                          |
| <input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.                                                                                                                                                            |            |                                                  |                          |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

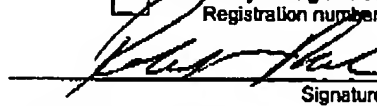
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**COPY**

PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Docket Number (Optional)<br><b>GKNG 1181 PUS</b> |                         |                  |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
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| Application Number <b>10/714,058</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Filed November 14, 2003                          |                         |                  |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <b>For COUNTER TRACK JOINT WITH CONTROL ANGLE REVERSAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                         |                  |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| Art Unit <b>3679</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Examiner <b>GREGORY JOHN BINDA</b>               |                         |                  |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:15%; text-align: center;"><u>Fee</u></th> <th style="width:15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width:30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td>\$ <u>450.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0476</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,783</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <br/>           _____<br/>           Signature<br/> <b>ROBERT P. RENKE</b><br/>           _____<br/>           Typed or printed name         </div> <div style="width: 35%; text-align: center;"> <b>JULY 18, 2005</b><br/>           _____<br/>           Date<br/> <b>248-223-9500</b><br/>           _____<br/>           Telephone Number         </div> </div> |                                                  |                         | <u>Fee</u>       | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ <u>450.00</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Fee</u>                                       | <u>Small Entity Fee</u> |                  |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$120                                            | \$60                    | \$ _____         |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$450                                            | \$225                   | \$ <u>450.00</u> |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1020                                           | \$510                   | \$ _____         |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1590                                           | \$795                   | \$ _____         |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$2160                                           | \$1080                  | \$ _____         |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                         |                  |                         |  |                                                        |       |      |          |                                                                    |       |       |                  |                                                           |        |       |          |                                                          |        |       |          |                                                          |        |        |          |

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